

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

259

State File No. _____

Registrar's No. _____

1. Place of Death: (a) County Maricopa (b) City or Town Tempe (c) Location Brocken Rest Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 2 months; In Community 45 yrs.; In Arizona 45 yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____

3. (a) FULL NAME John Ira McGaughey (b) If Veteran name war ? (c) Social Security No. none

4. Sex male 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased August 8, 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 15 If less than one day hrs. _____ min. _____

9. Birthplace Indiana
(City, town or county) (State or Country)

10. Usual Occupation farmer

11. Industry or Business _____

12. Name _____

13. Birthplace _____
(City, town or county) (State or Country)

14. Maiden Name _____

15. Birthplace _____
(City, town or county) (State or Country)

16. (a) Informant's own signature _____

(b) Address _____

17. (a) Burial, Cremation or Removal burial

(b) Place Mesa Cemetery (c) Date October 19, 1945

18. (a) Embalmer's Signature M. L. Gibbons

(b) Funeral Director M. L. Gibbons

(c) Address 33 N. Sirrine, Mesa, Ariz.

19. (a) 11-2-45
(Date received Local Registrar)

(b) Geo B. Louie, M.D.
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 22, 1945
TIME (Hour and minute) 10:30 P. M.

21. I hereby certify that I attended the deceased from 10/14 to 10/22, 19 45
that I last saw him alive on 10/14, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac Decompensation

Due to Chr. Myocarditis

Due to Hypertensive Cardiovascular disease

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

1-2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature Geo B. Louie M. D.

Address George Ay Date signed 10/24/45